No. <b>C 62343</b>	Due no later than Oct 31, 2017	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	GALEN K HAAS			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	1639 23RD AVE LEWISTON ID 83501			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	GALEN K. HAAS, D.D.S., P.A. GALEN K HAAS 1639 23RD AVE.	3. New Registered Agent Signature:*			
	LEWISTON ID 83501				
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).					
Office Held Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT GALEN K	HAAS 515 CRESTLINE CIRCLE CT.	LEWISTON	ID	USA	83501
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: galen k. haas	Date: 08/25/2017			
C 62343	Name (type or print): galen k. haas	Title: pres.			
Processed 08/25/2017	* Electronically provided signatures are accepted as original signatures.				